

FILED NOV 28 1947

Registration District No. **251**

Primary Registration District No. **4381**

Registrar's No. **257**

1. PLACE OF DEATH: **Nodaway**

(a) County **Nodaway**

(b) City or town **Hopkins**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **78 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Hopkins** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Mary Olive Thomas**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **David Thomas** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 11 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	8	hr. _____ min.

9. Birthplace **Hancock County Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Unknown** **9**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gerald Cross**

(b) Address **Hopkins, Mo.**

17. (a) **Removal** (b) Date thereof **Nov. 22, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fortville Ind.**

18. (a) Signature of funeral director **Stanley Swanson**

(b) Address **Hopkins, Mo.**

19. (a) **Nov 22 1947** (b) **Bess Holtz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**
year **1947** hour **10** minute **15** M.

21. I hereby certify that I attended the deceased from **Aug 19 1947** to **Nov 19 1947**
that I last saw **her** alive on **Nov 19 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration **1 mo**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **THA**

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **[Address]** Date signed **11/19/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision. *myself* Registered Apprentice No.

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.